Book Reviews.

E. BRISSAUD. LEÇONS SUR LES MALADIES NERVEUSES, (*Salpêtrière*, 1893-1894), Recueillies et Publices par Henry Meige. Paris, 1895.

The appearance of a new work on diseases of the nervous system from the clinic of the Salpêtrière will probably arouse considerable interest, not unmixed with curiosity, now that Charcot is dead. The medical world was so accustomed to greet with favor the productions of the great French neurologist. and to expect an annual contribution from his busy pen, that it probably will miss sadly the gap in neurological literature which his lamented death has made inevitable. It can be said of Charcot, as it could be said of no other world-famed clinician, that his loss was international; that the cessation of his marvelous clinical activity created the painful impression that not only the light of a great original teacher had gone out, but that even the vast fruitful field which he had in a sense created for the benefit of all nations, was henceforth to lie barren.

As is always the case this latter assumption was only the unconscious and unreasoning tribute which the world pays to genius. The man only departs : the fruits of his labor, his example and, above all, the opportunities that he created for others remain and will long remain ; they are in fact permanent. Of this we have a living proof in the book now before us ; for it is, in a peculiar and laudable sense, a reflection of the great master, a continuation of his work in the midst of his own clinic, from out of which though being dead, he still seems to speak.

Brissaud has undertaken a delicate and difficult task, of which evidently he is painfully conscious, and in which he should have the sympathy and encouragement of all neurologists. In his modest preface he declares that his book is only a respectful homage to the memory of him whose name recurs in all its pages. He has evidently made an herculean effort, however, to produce a noteworthy book ; one that will not only do honor to the memory of his predecessor, but will also redound to the credit of himself. In this he shows a sincere but shrewd appreciation of both his circumstances and his opportunities, for while he is mindful of the contrast in which he must stand with Charcot, he is not unmindful of the advantages which his temporary position in Charcot's clinic gives him before the scientific world. The result is really a noteworthy book, which if it is lacking in the individuality and lucidity of Charcot's style, equals if it does not surpass in illustrations and extrinsic embellishments even the best productions of that scientist. Brissaud has, indeed, used his materials and his opportunities for all that there is in them. In the rich field which he has inherited he has left nothing unappraised. Consequently the book presents a wealth of clinical material and a profusion of illustrations, mostly original, that are truly remarkable.

The general impression made upon us by the book is highly favorable. From the mechanical and artistic standpoint the volume is beautiful. Printed in large type on heavy paper it abounds in diagrams and photographs, many of which are of great merit. Most of these are original to the Salpêtrière, some of them we think we recognize as old acquaintances; while a few have been borrowed from other authors, some of whom, it may be worthy of note, are not Frenchmen. In this respect, as also in his literary references, the author shows rather more disposition to do credit to foreign observers than is common in France. But in this matter he still has opportunity for improvement.

From the scientific standpoint the contents of the book are sound and meritorious. The treatment of each subject is conventional, and therefore rather commonplace. The author does not impress us as aiming to be individual and original; in fact, we rather think that he avoids any such pretence, except in rare instances, and is content to walk safely behind the shade of his great predecessor. In this perhaps he is wise; he may feel instinctively that in France it is too early for him to be aught else than the echo of a voice in Charcot's clinic.

This attitude is shown by Brissaud in his first lecture, which is on amyotrophic lateral sclerosis, or as he dutifully calls it, "Charcot's Disease." Such a nomenclature is always faulty, but it is, perhaps, excusable in this case. In his description of this affection he simply reiterates Charcot, and does not appear to take much account of the exceptions, based upon clinical observations, which others have taken to Charcot's original description. Gowers and Leyden, with reason, have noted that most of the cases formerly thus labelled were apparently only forms of progressive muscular atrophy; while Mott in a recent case, reported in *Brain*, found that the degeneration extended through the whole upper segment of the motor paths, including even the motor cortex. Whichever of these exceptions shall hold good—and both seem to be established—the fact will remain that our conception of this disease, as formed on Charcot's original description, must be materially modified.

One of the most valuable—and, by the way, original—chapters in the book is on Hæmatomyelia and Sudden Paraplegias. These apoplectiform paraplegias have been too generally misunderstood, their importance underrated and the exact frequency of their occurrence ignored. Recently in America and England several important cases have been reported by Kindred, Starkey and others (but they are not quoted by Brissaud), which proved conclusively by autopsy that the symptoms were due to hæmorrhage within the substance of the cord. Formerly, largely due to the teachings of Charcot, Hayem and others, these hæmorrhages were thought to be secondary to a myelitis or an acute softening. The fact probably is that they are primary to the softening that is found in these cases, which is due to a necrosis caused by the hæmorrhage or by the cause of the hæmorrhage. The original cause of the hæmorrhage may be, as Brissaud points out, either trauma, or disease of the blood-vessels, by syphilis, gout, etc , or even emboli from a diseased heart. This chapter does something towards clearing up the obscurity that has hung so long about many cord-cases, which have been indiscriminately diagnosticated as myelitis. It emphasizes the fact that diseases of the blood-vessels, which play such a conspicuous rôle in cerebral pathology, may have an equally malign influence in the pathogeny of diseases of the spinal cord

Brissaud's lecture on Tabes Dorsalis is interesting, but it is devoted rather too exclusively to an attempt to prove that the arthropathies of this disease are the results of involvement of the sensory fibres. He makes of locomotor ataxia two types, as is the French mode, one purely motor and one purely sensory. The arthropathies occur only in the latter of these types. It is true that they occur in the mixed motor and sensory cases, which as we all know, are the usual types, but in these cases Brissaud concludes, rather dogmatically, that they depend upon involvement of the sensory structures. To support this thesis he refers to the arthropathies of syringomyelia and general paresis, claiming that in both these diseases the joint-changes are caused by disease of the posterior columns. He reproduces the photograph from an

American case of arthropathies in general paresis, in which a careful necroscopic study had been made, and claims erroneously that the microscope shows systematic degeneration in the posterior columns as in locomotor ataxia; whereas the diagram presented with the report of the case, while it shows some degeneration in these columns in a rather limited area, does not show the typical lesion of locomotor ataxia, and does show extensive degeneration in one lateral tract. These, perhaps, are fine points, but they may as well be stated correctly. It seems rather arbitrary to attribute an effect to involvement of a few special fibres when other fibres are conspicuously diseased.

Brissaud makes an exhaustive study of the ophthalmoplegias in all their relations This, in our judgment, is the most valuable contribution in the book, and, on the whole, is the best and most complete that we can recall at this moment in any book. It is well illustrated with photographs and diagrams, taken mostly from original cases. These well display the wealth of clinical material at the author's command, and are evidences also of the method and discipline of a thoroughly well organized clinic that make such a study and such a book possible. Brissaud first gives an admirable description of the nuclear anatomy of the mid-brain, and of the orgins of the fibres of the third and fourth nerves, as well as of the sixth, and their mutual relations, and their relations with those of the opposite side. The demonstration is largely diagrammatic, as it is bound to be in any man's hands for the purpose of teaching, and the author falls back upon the rather nebulous theory of *functional* centres as distinct from *anatomical* centres, in order to explain the complex coördination of the extrinsic and intrinsic muscles of the eyes. He treats the subject clinically in its relations with the orbit, the sub-peduncular region, the intra-peduncular region and the mid-brain nuclei; and, moreover, gives details of a case of ophthalmoplegia, of the type described by Hutchinson, in a woman affected with progressive muscular atrophy of the four limbs. This last observation is one of exceeding interest. The author relates and illustrates a second case, also in a woman, of partial ophthalmoplegia with hemiatrophy of the tongue, showing the effects of a combined superior and inferior polio-encephalitis

But why, let us ask, should the crossed paralysis of the third nerve of one side with an hemiplegia of the opposite side, be called the "syndrome of Weber?" Who is Weber? and why is he advertised by the the pathology of the mid-brain? Are we concerned with Weber or with pathology? What scientific conception attaches to the term? Charcot, we recall, used this objectionable term in a clinical lecture a few years before his death, but this is no reason why his followers should use it. This system of nomenclature should be abandoned, and in cases in which it is not abandoned it should be condemned.

Brissaud has also an interesting chapter on the reciprocal relations of hypertrophic cervical pachy-meningitis and syringomyelia. This subject has already been treated in America, and these relations pointed out in patients in the nervous clinic of the Philadelphia Hospital. The publication,[1] embodying these observations, antedates this work of Brissaud by almost one year.

Among other subjects treated by the author, to which we can merely allude, are paralysis agitans, exophthalmic goitre, and myxœdema and cretinism.

The book is remarkably devoid of studies in hysteria. This is notable in a work issuing from the Salpêtrière, and may possibly enhance its value in the eyes of American and English neurologists, among whom, unfortunately, the systematic study of the great neurosis does not appear to be popular. Charcot, towards the end of his life devoted much time to hysteria and its cognate hypnotism. We do not think, however, that the last word has yet been spoken on these important themes, and we hope sincerely that Brissaud will not let them drop entirely. An English writer has said recently that "hysteria is a byword," and so it is in England for all that English observers have contributed to rescue it from such an ignominious reproach. Nevertheless it is a living reality, for which the French have done more than all others by giving it the place in nosology which it inevitably must forever retain

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[1] JOURNAL OF NERVOUS AND MENTAL DISEASE, June, 1894.

We welcome Brissaud's work as a valuable addition to current neurological literature, and as a worthy product of the clinic from which it issues. J. H. L.

ON THE RELATION OF DISEASES OF THE SPINAL CORD TO THE DISTRIBUTION AND LESIONS OF THE SPINAL BLOOD VESSELS. By R. T. WILLIAMSON, M.D., M.R.C.P., etc. H. K. Lewis, London, 1895.

There is every reason to believe that the distribution of the blood vessels in the spinal cord will soon hold as important a relation to the diseases of this part of the central nervous system, as the cerebral blood-vessels have long since held to diseases of the brain. In view of the importance of the subject Dr. Williamson has done well to reprint for wider circulation several papers which appeared in the Medical Chronicle. The author has stated very clearly the peculiarities of spinal blood supply as developed by the researches of Kadyi, Obersteiner and Adamkiewicz, and has made liberal use of the studies of Marie, Siemerling, Goldscheider, Gowers and others in support of views showing the dependence of poliomyelitis, of multiple sclerosis of transverse myelitis, and spinal syphilis upon the vascular conditions of the spinal cord. To these studies the author adds the reports of several spinal cords examined by himself.

The following are some of the points brought out in these lectures :

The transverse section of the cord may be divided into three arterial districts; 1, the inner part of the gray matter (with the exception of the posterior horn and the caput) which is supplied exclusively by the anterior median artery ; 2, the superficial part of the white matter which is supplied by the peripheral arteries ; 3, the peripheral part of the gray matter and the adjacent white matter which receive arteries from both the peripheral and central systems. Bifurcation of the anterior median artery at the bottom of the anterior median fissure is rare (Kadyi), which may help to explain the frequent unilateral character of the symptoms in poliomyelitis.

"Whilst the vascular distribution in the spinal cords is unfavorable to the occurrence of hemorrhage and embolism, it appears to be distinctly favorable to thrombosis." This view is supported by the report of an interesting case of spinal syphilis in which the blood vessels of the cord proper are thrombosed. The cord has a further interest since it proves that syphilitic diseases need not begin in the meninges. The writer adduces further evidence in support of the vascular origin of multiple sclerosis, a view that has obtained general credence in connection with Marie's theory of the infectious origin of multiple sclerosis.

The author is also in line with recent doctrines in considering the vascular origin of locomotor ataxia. "The changes in the cord in tabes are secondary to disease of the posterior nerve roots. . . . According to Obersteiner and Redlich, the disease of the posterior roots commences just at the point where they pass through the pia mater to enter